

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		6/26/01
O.I.P.E. CLASSIFIER	<i>SW</i>	92	7/5
FORMALITY REVIEW	<i>TH</i>	953	108-14-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                      I ..... Interference  
- (Through numeral)..... Canceled                      A ..... Appeal  
+ ..... Restricted                      O ..... Objected

Claim	Date
Final	
Original	
1	✓
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16	0
17	✓
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23	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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